

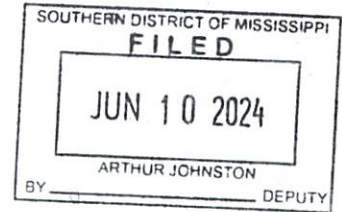
Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

for the

District of \_\_\_\_\_

Division \_\_\_\_\_



Case No.

3:24cv335-CWR-LGI

(to be filled in by the Clerk's Office)

Bobby Joe Phillips MDOC#136429

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Captain MS Cagry, Donald Jackson, Evans,  
+ Graham

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Bobby Joe Phillips  
 All other names by which you have been known: B.J. Phillips, Pyro, Death Lord #1, Pee-wee, Baby Boy #1  
 ID Number #136429  
 Current Institution MTC East Mississippi Correctional Facility  
 Address 10641 Hwy. 80 West  
Meridian MS. 39307  
 City State Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name MC Crary ~~Warden~~  
 Job or Title (if known) ~~Warden~~ Captain (A-Shift)  
 Shield Number ?  
 Employer Donald Jackson (with MTC Company)  
 Address 10641 Hwy. 80 West  
Meridian MS. 39307  
 City State Zip Code  
☐ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name Donald Jackson  
 Job or Title (if known) WARDEN (ALL Day-Time Shifts)  
 Shield Number ?  
 Employer MTC Company  
 Address 10641 Hwy. 80 West  
Meridian MS. 39307  
 City State Zip Code  
☐ Individual capacity ☒ Official capacity

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## Defendant No. 3

Name

MRS. EVANS

Job or Title (if known)

Lt. (D-Shift)

Shield Number

?

Employer

Donald Jackson (WARDEN)

Address

10641 HWY. 80 West

Meridian

MS.

39307

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

## Defendant No. 4

Name

C.O. Grahm (A-Shift)

Job or Title (if known)

Correctional officer (A-Shift)

Shield Number

?

Employer

Donald Jackson (WARDEN)

Address

10641 HWY. 80 West

Meridian

MS.

39307

City

State

Zip Code

☐

Individual capacity

☒

Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Refusing to Get my proper physc. Help when it was reported that if I didn't get help ASAP, I was going to inflict bodily harm to myself yard call privileges, & phone call privileges when not on restriction for any of the above 2 privileges listed above.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

*Refused proper Mental Health Help & Privileges Provided By MDOL when not on Restrictions.*

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

*With Lt. McCrary on Dec. 15, 2023 on Housing Unit 5-A-115 I reported that I needed Mental Health Help before I inflicted self harm, and again on Dec. 18, 2023 I reported the same thing to him and then I inflicted self harm in order to get help. DCO. Graham on December 15, 2023 on Housing Unit 5-A-115 I reported the same thing to him and again on December 18, 2023 I reported the same thing to him also.*

## C. What date and approximate time did the events giving rise to your claim(s) occur?

ON December 15 at approx. 7:45 A.M. it was reported to CO. Graham and approx. 8:25 A.M. it was reported to Lt. MC Cray and Decr 15, 2023. On Dec-16 at approx 9:00 it was reported to both MC Cray & Lt. Graham

## D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

They Refused to get me any help and about 10:45 A.M. - 11:15 A.M. they brought Lunch Trays, I then set my Lunch Tray UP ON MY TOP RACK and took a staple & cut my throat with it on December 14, 2023. I then showed it to officer Scott (female) and to a Sgt. (female) and they reported it to a Sgt. (male) and he threatened to spray me and made me take off my Jacket and turn around & cuss up then they took me to medical to get taken care of.

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Well, I cut my neck with a staple, minor injuries (scratches only), well they cleaned my scratches, I got my (PRM) shot and got put on Suicide observation for 24 hrs. and then released back to my unit and zone and cell under my own recommendation to nurse DUNN our mental Health provider.

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

well I would like to get paid for the mental suffering & physical pain I went through by cutting and having to sleep on steel creaks with only a paper gown) on that has caused my right hip, lower back and right shoulder tremendously pain, when all they had to do is get me proper help to start with and none of that would have even taken place to with what about a sum of about: \$500.00 from each individual one of them please

for: Pain & Suffering

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

MTC EMLF Unit 5-A-115 CL)  
10641 HWY. 80 West Meridian MS. 39307

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

I gave the ARP to the officer to turn in  
I'm not sure if they turned them in or not  
it's outside our zone where they put them in  
the boxes in the hallways.



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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

at MTC EMLK on Housing Unit 5-A-115CL)  
10641 Hwy. 80 West  
Meridian, MS. 39307

2. What did you claim in your grievance?

Failure to allow my proper mental health help  
as needed without me inflicting bodily harm  
to myself!

3. What was the result, if any?

NONE yet? Don't know if the officers  
even turned any of it in or not for  
sure yet, haven't gotten a reply on it!

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

NONE, no, because I haven't received  
anything back on it yet! The first step  
of a(ARP) written out and Hopefully it  
got turned in, not sure on that  
even or not?

## F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I filed a (ARPI) but I'm not for sure that the officer turned it in or not, because I've filled out other mail that has never been turned in, so I'm afraid my grievance wouldn't get turned in even though I filed one, I don't believe they turned it in.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I told unit manager MRS. Williams about it and she said is you'll be OK. I informed her on Dec. 18, 2023 about it, verbally.

## G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Mines not being turned in by the officers or Zimone down here on Housing Unit 5 at MTC EACF 10641 Highway 40 Way Meridian, MS. 39307.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

## VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

I've never taken any case to any courts before this one that I'm now filing for.



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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) NIA

Defendant(s) NIA

2. Court *(if federal court, name the district; if state court, name the county and State)*

NIA

3. Docket or index number

NIA

4. Name of Judge assigned to your case

NIA

5. Approximate date of filing lawsuit

NIA

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition.

NIA

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

NA

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

NO

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s)

NIA

Defendant(s)

NIA

2. Court *(if federal court, name the district; if state court, name the county and State)*

NIA

3. Docket or index number

NIA

4. Name of Judge assigned to your case

NIA

5. Approximate date of filing lawsuit

NIA

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition

NIA

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

NIA

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: December 24, 2023

Signature of Plaintiff

Bobby Joe Phillips

Printed Name of Plaintiff

Bobby Joe Phillips

Prison Identification #

#136429

Prison Address

MTC East Miss. Corr. Facility 10641 Hwy 80, West  
Meridian MS. 39307  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address